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27160 7590 04/13/2006

KATTEN MUCHIN ROSENMAN LLP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSU: FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Janelle A. Wiggins (Depositor's Name)  
Janelle A. Wiggins (Signature)  
7-13-06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/800,334	03/12/2006	S. Christopher Gladwin	21465/00502	2247

TITLE OF INVENTION: MULTIPLE WIRELESS REMOTE INTERFACES TO A SINGLE SERVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, CONGVAN	2617	455-426100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KATTEN Muchin  
30.00 DH  
2. Rosenman LLP  
3. John S. Paniaguas

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEC Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 30-1224 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John S. Paniaguas

Date

7-13-06

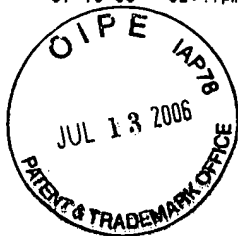
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31,051

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# KATTEN MUCHIN ROSENMAN LLP

525 West Monroe Street  
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312.902.5200 office 312.902.1061 fax

Facsimile To <b>Mail Stop Issue Fee - Commissioner for Patents</b>	Company <b>USPTO</b>	Fax Number <b>(571) 273-2885</b>	Phone Number
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Date <b>July 13, 2006</b>	Client/Matter Number <b>211465-00502</b>
From <b>John S. Paniaguas</b>	Attorney Number <b>32347</b>
Phone <b>312.902.5312</b>	Fax <b>312.577.4532</b>

Total number of pages, including cover letter: pages  
If you do not receive all of the pages, please call: 312.902.5312

**4 pages**

## Comments

RE: Patent Application No.: 10/800,334

Filing Date: March 12, 2004

Title: Multiple Wireless Remote Interfaces to a Single Server

First Named Inventor: S. Christopher Gladwin

Confirmation No.: 2247

Please file the attached:

Transmittal Form (1 p.)

Fee Transmittal (1 p.)

Part B Fee(s) Transmittal (1 p.)

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(Typed or printed name of person signing this certificate)

Janelle A. Wiggins

Signature

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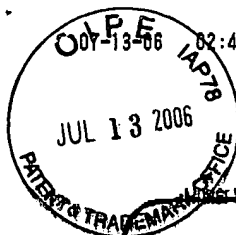
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3129021061

T-446 P.02/04 F-136

PTO/SB/21 (09-04)  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10600,394
Filing Date	March 12, 2004
First Named Inventor	S. Christopher Gladwin
Art Unit	2617
Examiner Name	Tran, Congvan
Attorney Docket Number	211465-00502

**ENCLOSURES (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below)<br>Part B - Fee(s) Transmittal |
|---|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Katten Muchin Rosenman LLP
Signature	<i>John S. Panaguan</i>
Printed name	John S. Panaguan
Date	7-13-06
Reg. No.	31,051

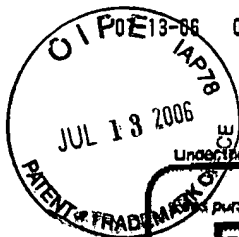
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Signature	<i>Janelle A. Wiggins</i>
Typed or printed name	Janelle A. Wiggins
Date	7-13-06

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T-446 P.03/04 F-136

PTO/SB/17 (01-05)

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Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** \$1,730.00**Complete if Known**

Application Number	10/800,334
Filing Date	March 12, 2004
First Named Inventor	S. Christopher Gladwin
Examiner Name	Tran, Congvan
An Unit	2817
Attorney Docket No.	211465-00502

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 50-1214 Deposit Account Name: Katten Muchin
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEES (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Pat B - Fee(s) Transmittal**Fees Paid (\$)****\$1,730****SUBMITTED BY**

Signature	<u>[Signature]</u>	Registration No. <u>31,051</u>	Telephone (312) <u>902-6200</u>
Name (Print/Type)	<u>John S. Paniagua</u>		Date <u>7-13-06</u>

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